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ABSTRACT

This document contains the conference papers of the North Carolina Conference on Children sponsored by the North Carolina Medical Society and officials of the state government. The purpose of the conference was to discuss inadequacies in the quality of life of children and to suggest possible solutions to the problems which prevent children from being born healthy, developing properly and reaching their full potential. Titles are: (1) The Concrete Cradle, (2) Where We Are and Where We Need to Go in the Next Thirty Years, (3) Background of the Conference, (4) State of the Child in North Carolina, (5) State Commitment to Children, (6) Current Resources for Children, (7) Genetic Counseling and Other Genetic Services in North Carolina, (8) Perinatal Care, (9) North Carolina Prekindergarten Screening Program, (10) Home Health and Day Care, (11) Mental Health, (12) Early Childhood Education, (13) Reading and Writing Programs, (14) Arithmetic, (15) Exceptional Children, (16) Rights of Children, and (17) Priorities and Strategies for Change. A one-page list of conference recommendations is included. (MS)

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PROCEEDINGS

OF THE

NORTH CAROLINA CONFERENCE ON CHILDREN

Royal Villa
Raleigh, North Carolina

Sponsored by

North Carolina Medical Society
Lt. Governor James B. Hunt, Jr.
and
Secretary of Human Resources David T. Flaherty

The North Carolina Conference on Children is indebted to R. J. Reynolds Industries, Inc. for providing a grant to be used for engaging a speaker.

July 1976

Raleigh, North Carolina

PS 009301

FORWARD

The purpose of the North Carolina Conference on Children was to discuss inadequacies in the quality of life of our children and to suggest possible solutions to the problems which prevent children from being born healthy, developing properly, and reaching their full potential.

The importance of this Conference to the children of North Carolina was demonstrated by the fact that over 300 persons from all parts of North Carolina took time from their busy schedules to attend.

I believe once you have read the proceedings you will agree with me that the purpose of this Conference on Children was very well addressed. The speakers who gave so generously of their time and efforts did an excellent job of identifying the problems which face our children, both now and in the future. However, identification of the problems is only a beginning toward achieving a solution. We must look beyond this conference and increase our efforts to affect meaningful and lasting solutions to these many problems.

I commend the Co-Chairmen of the Conference, Clement Lucas, M.D. and Archie Johnson, M.D. and Vice-Chairman Horace Deudney and all members of the Steering Committee for their hard work in making the Conference a success.

We are also indebted to R. J. Reynolds Industries, Inc. for providing the grant that enabled the Conference to engage the featured speaker on Monday night, Judge Joe Sorrentino of Los Angeles, California.

Additional copies of the Proceedings may be obtained by mailing a check for $2.00, made payable to the North Carolina Medical Society, P.O. Box 27167, Raleigh, North Carolina 27611.

James E. Davis, M.D., President
North Carolina Medical Society

WELCOME

It is our hope that this conference will identify many of the health and educational needs of children as these needs exist today, and as they are likely to evolve in the future. Most importantly, though we sincerely hope that through an understanding of these needs we might find better and more efficient ways to coordinate our existing resources and to procure new resources, with which to satisfy these needs.

Although it can be said that the quality of life of children at all stages is less than perfect, we are emphasizing the early years for a number of reasons. It is during this time, of course, that the foundation is set for much of what follows throughout life. These early years are crucial for the total development of the individual. Solutions are needed to the problems which prevent children from being born healthy, developing properly, and from reaching their full potential. Obviously, we are dealing with much more than immunization programs and screening tests. Total development involves assuring orderly growth and a healthy blend of physical, social, and educational environments.

In recent years, significant improvement in child care and development has occurred. And yet you would be the first to know that so very much remains to be accomplished. You understand, best of all, that solutions to the complex problems affecting the development of children cannot be accomplished by any single group. I hope you share our optimism that this composite assemblage today with representatives from state government, from local communities, from industry, and from a wide variety of health and health related groups can move us much closer to the solution of these problems.

The North Carolina Medical Society has long been concerned with and involved in the problems of child care. Since our founding in 1849 - 127 years ago - our membership has been concerned with the delivery of adequate and ever-improving health care services to all the people of North Carolina. We have ten separate committees whose work directly concerns the health of children.

But, although we are primarily concerned with the medical and health needs of the children of North Carolina, we, like you, recognize the need for cooperation and coordination of all children services. In planning programs to meet the needs of children, it is imperative that planning agencies coordinate their efforts. One of the obvious consequences of inadequate coordination is that significant gaps of services exist. With your input, your ideas, and your efforts, and with our mutual cooperation, this Conference on children can truly lead to an upgrading of the quality of life for all the children of North Carolina.

With your help also, it is possible to raise the level of public awareness of the problems of children and to stimulate action on behalf of children at the local, state, and even national levels. By improving the lives of our children, we are improving an important future resource of the state. Business, industry, and government all have a large stake in this because the children of today will certainly determine the economic and political future of North Carolina. Ultimately, an individual's worth to himself, his value as an employee, his potential as a consumer, and his importance as a contributing member of society - all are the functions of his physical and mental well-being.

James E. Davis, M.D., President
North Carolina Medical Society

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KEYNOTE SPEECHES

THE CONCRETE CRADLE

On this Bicentennial I would like to address myself to the escalating problem in our society of juvenile crime. According to FBI Statistics in a ten year period juvenile arrests for homicide increased 200%, for robbery 300%, for drugs 4670%. What's caused the dramatic rise in juvenile crime? I think that it reflects a crisis in values in our society. There has been an erosion of the work ethic, a manisfestation of a spreading moral cynicism. There has been an erosion of respect for others, and erosion of respect for communal norms. There appears to be an emergence of an unconsionable egoistic ethic. One girl who was out mugging elderly women told me, "I'm going to get what I can get." And that embodied her philosophy on life and one wonders where a young girl gets that attitude and you look around and you see a failure in adult leadership. An example: police striking in San Francisco, firemen striking in Oklahoma, police in New York, as evidenced by the Serpico revelations, involved in wide-spread corruption. People who can afford a material, a middle class standard of living getting food stamps; the Watergate revelations, seeing people in the highest levels of government abusing their trust to get what they can to stay in office. Perhaps there has been a failure of the church to reach young people today in character formation and the media contributes to the problem in its accentuation of the macho, philistine hero, you know, the super dude, super cop, super fly.

Well, my area of specialization is the courts so my focus will be on the courts this evening. My brother, a detective in New York City, says "Don't give me this sociological stuff about the media, organization, the family, the church. The problem is caused by you juvenile court judges. You're too lax. You're too permissive. You let those kids get away with murder." The odds are 600 to 1 that a juvenile picked up for the first offense will not be detained. The average sentence that they can confine him for murder is eighteen months for a juvenile, which does tend to cheapen human life. And I'll agree with my brother, up to a point, that the courts have to toughen with the young offender, that the tough, hard-core gangleader is going to trample on the courts if the courts appease him or treat him over liberally; but I think it's a simplistic assumption that blames rising crime on the courts and expects the courts to undo it. I think we expect far too much of the courts and assign far too many responsibilities. California proliferates 3000 laws a year now. We have 100 volumes compared to only one for the entire nation of France. With this congestion that necessitates plea-bargaining which undermines the times, overwhelms the prosecutors, overloads the probation officers, places a premium on administrative over judicial talents and creates a system of roulette justice. I think the answer is what my professor in economics calls "cause benefit analysis". or my gram "that good old horse sense". We should divert away from the juvenile courts the status offenders and assign the courts only the criminal offenders and when we do send a young person to court, in addition to discipline, we should reaffirm the goal of rehabilitation.

There is a movement afoot in the United States now to scrap rehabilitation. Sociologist Robert Lochsten has compiled a massive study where he concludes that rehabilitation is a failure. He points to the tremendous rate of recidivism and the implication of his report is that the problem is the criminal inveteracy of inmates. I recognize that there are many adult offenders who are irrevocably embedded in sociopathology and no amount of effort by the embryonic social sciences is going to turn them around. But I do believe that the young offender can be changed and that when there is failure to do so society must share in the responsibility. We spend more on research for hogs and chickens than we do on young people. I think we spent more

to save Lockheed than we spend to save our children. We spent $300,000 to kill one Viet Cong soldier and only 44 federal dollars a year to educate a primary school child. I think these priorities need to be changed and balanced. Our young people are our greatest resource and we have to turn around this escalating problem of juvenile violence and I think young people can be turned around. In the state of Massachusetts they've dismantled their mass of correctional facilities and sent these kids to group houses, private schools, and they've cut the recidivismry rate by 50%.

I think there are problems of opportunity in this society and especially in the slums of the inner city. The inner city is the incubator of crime. Three out of four arrests take place in the slums; three out of five serious crimes take place in the slums; life expectancies are the shortest, unemployment the highest. I believe these kids have an unemployment rate of 30-50% in the slums. The instance of meningitis is 20% higher, whooping cough 60% higher, polio 80% higher, and food poisoning 100% higher. Twice as many children die in infancy; more kids are killed by police bullets, drugs; and there is the highest incidence of illigitimacy, illiteracy, gangsters and gangs, pimps, pushers. If you grow up there in the slums the odds are stacked against you and on this Bicentennial I think we should reconsecrate or rededicate ourselves to the proposition that now all of America should be given a fair chance on an unfettered start in the race of life - which does not mean more massive transfusions of welfare, which are as individually demeaning as they are socially draining.

I think the answer is to put a factory in there; create a thousand jobs; give people a sense of pride and dignity and self-respect. El Monte businessmen took the gangleaders off the streets and gave them jobs. I think that's what the other business communities should do. I think that people can surmount the torment of the early crisis just as their forebearers were able to surmount the much harsher hardships of the wilds. There are cynics and skeptics that say it's impossible. They condemn the inner cities as hopelessly contaminated and their solution is to cordon them off, to put police barriers around them, and if this happens I think we are going to see an escalation of terrorism and tyranny of rage and reaction and these people who make the prediction say that the inner cities are hopeless point to test scores of young people. They say look at these people in the inner cities; the test scores are beyond promise.

They are now testing to measure everything. Psychologists at Berkley have devised a test to predict how well you can do in a career. Sociologists in Chicago have devised a test to predict how well you will do in marriage. Criminologists in San Diego have devised a test to predict delinquincy. Well I believe that the most scientific and penetrating techniques of measurement will never measure your heart, your guts, your imagination, your love, your drive and determination. These things are immeasurable. With guts and determination you can make something of your life. You can reach up to a higher level of achievement. I think ultimately we can be the authors of our own destiny. We can find creative solutions to the problems that beset us with our children. We can get out the guts to love each other and join hands with each other and reach up to the stars with reckless vision for the highest excellence in ourselves and America. God bless you.

Judge Joe Sorrentino
Los Angeles, California

WHERE WE ARE AND WHERE WE NEED TO GO IN THE NEXT THIRTY YEARS

In looking at children's health care now and 30 years in the future let me say that each is a legacy of their past. If one looks at pediatric chairmen throughout this country, they are large in number and varied. A lot depends upon leadership in pediatrics. Many departments are unfunded; many of them have never had a commitment of space and resources to achieve excellence. I think that each pediatric leader as he looks at child health care, must create the image of a first class operation. We are going to have to keep continuing to attract superior students to the practice of pediatrics - physicians for children.

We are getting lots of messages these days. We need to attract excellent interns and residents because they are our future and we need to fight for better health facilities for kids. We've got to change the educational curriculum to meet what the needs of the infants and children, of adolescents are now even though there are such powers within any bureaucracy including the educational facility. I believe that our training program of physicians for children needs to be changed to educate them on what are the problems in the schools. Did you ever put a pediatric resident into a school system and say just see what the teacher is doing and watch the kids? They want to give penicillin shots, examine the eyes, do something comfortable. They cannot get the concept that in this arena the group dynamics is the unfolding of many aspects of things they are going to need later in life.

Less than 3% of child abuse in the state of Florida is reported by physicians and nurses. We need medical liaison for that program, education in the offices of private physicians, and also to adjust our curriculum for the physicians for children to recognize on some occasions the child brings in young parents that may have difficulty in getting into the health care system and to recognize that we have a role from the very beginning whether it's in family planning or family life. We have a role all through the development of the child in utero and doing tests, by drawing fluid from the water around the baby, of all kinds of things that help us prognosticate the life and health condition of that baby.

I see in the future, the next 30 years, us doing more and more to the child in utero. I can see us even doing operations to correct abnormalities prior to birth. I would like to see the development of surgeons and surgical specialists who commit themselves to a life of taking care of children - that kids are their whole life or their transending life rather than just an appendage to their practice because only those surgeons who do kids as a regular routine will be powerful allies in your political battles to fight for the things that kids need.

I'm concerned for my profession. I'm concerned about pediatricians. I think that some, a segment, are hit from the 20 Year Syndrome, chronic fatigue, long hours, no change in life style, advancing age, a feeling that new concepts are patent, and by pressure from families to change careers. Pediatricians are going into emergency room physicians, or public health, or universities, or government. I think this constant psychological gutting of being in a situation where you have the daily impact of the financial and status leverage of those specialties that emphasize technical skills and the non-contact professions including pathology and, to a certain extent, radiology.

I think we need to, in the future, the next 30 years, address ourselves to the 20 Year Syndrome to maintain such superior pediatricians in our system when they are at the peak of their skills. We need to emphasize again the magic of the developing child and its magnitism for all of us who are involved in the overall care of children because men of inquiry for ages have been galvanized by studying the developing child.

I see in the next 30 years pediatricians grouping together, perhaps where each one will have a particular kind of skill. But if we as physicians for children are to retain our political clout then we are going to have to remain close to the American family. I believe that even today the care that we give is one of the finest in the nation by any professional group.

Where do we stand in child health care, the quality of life now and in the next 30 years? Look at the federal system. The federal system is in chaos. Taking health, education and welfare, child care is scattered in so many areas an in so many parallel power structures and entrenched bureaucracies that have little communication and no coordination. There is zero commitment at the federal level for the child - an extremely poor dialogue. I can conceive of a department for children at the federal level, perhaps even a cabinet officer for children to catapult their needs into the political arena with one agency to focus itself on the needs of the child. Who's called for that? Has the President called for that? Has the Secretary of HEW called for that? The answer is no. No. In a recent meeting a group called for the coalescing of all child agencies involving education, day care, and health at the federal level in order to focus the needs of the child. Who was that? That was at the Winter Meeting in Bal Harbor of the Executive Council of the AFL-CIO. What you've done with this conference in North Carolina, which I believe has been brilliantly designed and elegantly executed, is that you place the problem on the right stage because the players on that stage can help you. And I'm happy to see that regardless of the next Governor, or who he is, of North Carolina, he's certainly going to be interested in kids.

Since the early part of the century there have been conferences on children. The White House Conferences are complete with pages of wise sayings and words and wishes for the future. Do not become entrapped. There've been those same words said over the same ears but often with no results. Do not allow yourself to slip into the same morass of mediocracy. You must follow up on these things that you decide and deliberate because without appropriate follow-up you've achieved nothing.

I would like to see in the future, as I'm allowed to dream, perhaps in each department within the various states, there be an agency for children that perhaps could combine both education and health because I believe at the present time there's too much separation between education and health. I think state agencies, as they have in North Carolina, across the land should take advantage of the opportunity to work with universities. Each must loose their fear and suspicion of the other. Agencies for the state must remember that universities cannot commit themselves to pure service and universities must prove themselves to be fiscally responsible in addressing themselves to the multiple problems of the handicapped, recognizing that we as educators must maintain the concept that we are a congregation of scholars who must continually acquire, validate, and appropriately implement new knowledge because if we fail to do that there is no one else that shall do it.

I would make a plea from my parochial position, that as we reorganize the role of the health professional should be maintained. I see danger. Some states are excluding the health professional from the decision making process, not that we as health professionals should run everything, but I believe that we should be involved in deliberations coming to certain conclusions.

I see in the next 30 years an increasing relationship between the federal programs and the educational systems. Taking care of kids with standards of care - it doesn't matter what all of you are involved in - there are going to have to be standards of care. I hope they can be done, performed, and promulgated by experts in the field. We have tried very hard in our own state to have specialized programs, whether they be in kidney disease or neonatal, to adhere to federal standards or national standards made by such organizations as the American Heart Fund, American Cancer Society, or various other voluntary groups.

I think there are too many facilities in areas to date that have zero commitment to the child. I would like to see in the future, as I'm allowed to dream, that hospitals caring for children - a minimum number of facilities and a minimum daily census as an index of their commitment to the infant, the child, and the adolescent. I see that as a number one priority. I would like to see us address ourselves to increasing standards for who can perform what on a child. I believe that children should be treated as something unique. I believe that in the future as we do complex surgery on little ones that type of complex surgery should be done solely by pediatric surgeons or surgeons with a special certificate of competence or those who limit their practice solely or almost completely to kids, because as I said before I see in the future the whole field of intrauterine surgery.

This morning several of the speakers have addressed themselves to neonatal intensive care programs. You are now in the early stages. If I had to tell Lt. Governor Hunt one priority for the state, the number one priority for kids would have to be this program and the completion of a state-wide network. I am asking that we all go out to find money for kids. If you are looking at this program remember as you talk to people in positions of power, it's not a question of if you are going to pay; it's merely a question of when you are going to pay and for what you are going to pay and how much you are going to pay. That's the question. You are either going to pay about $5,000 for a kid early in life and get an intact individual or you are going to pay a quarter of a million dollars for care, special education, rehabilitation later in life for a child with retardation.

On to another subject, the screening of children. The word screening means so much to so many different kinds of individuals. There is no uniformity of thought. Poor screening is worse than no screening and screening must be linked to a system of comprehensive health care. One other thought, screening done prior to kindergarten has invaluable dividends and so when we talk about screening remember do not wait until the school years. There is so much to be learned and a great deal to be attacked prior to that time.

I would like to encourage each of you, and one cannot help but be impressed by the panorama of talent existing in this room. I think that up to now our efforts of supporting children have been fragmented. I think the time is now for the future, for more coordination and involvement.

Gerold L. Schiebler, M.D., Chairman
Department of Pediatrics
University of Florida

MAJOR ADDRESSES

BACKGROUND OF THE CONFERENCE

Society in America as related to the value of a child has changed within the past four decades. Only a few years ago a child was looked upon as an economic asset. One which could make a direct contribution to the economic stability of the family in our agrarian society. More hands to milk the cows, feed the chickens, etc., not today, within our lifetime all of this has changed. A child of today in the true sense, is an economic liability to the family unit. Consider if you will only the cost of education. The cost of education varies, I am told, from perhaps $10,000 for a four year education in a state supported institution to $25,000 - $30,000 in one of our more costly private institutions.

The history of our nation is a history of change. Our forefathers found virtually unlimited virgin forest and fertile farmlands, mineral wealth not dreamed of in the Arabian Nights. But all of this has changed. Changed very slowly, but unfortunately realized only in the past few years. As a nation, as a society, we have thought we could solve all of our problems, both real and imaginary, with our money. The same can be said with respect to our national policy concerning children. It must also be said that the solutions which we have sought in our foreign policy, economic policy, and, perhaps more critical, in our public policy toward children, have been short-range, stop-gap measures.

In today's modern society, with the increased pressures which all of us, and especially young parents face, we must provide acceptable alternatives and options to the parents of our state to provide their children with the best educational and developmental opportunities our society can provide.

Our great national wealth notwithstanding, our social problems seem to be growing more serious as heralded short-range solutions often prove ineffective. It is time for long-range planning for children if the United States is to have a workable society in the twenty-first century. As twentieth century life becomes more complex and the payment for the bill for decades of past neglect becomes due, it is clear that bold new approaches to prevent social problems that occur to children and their families must be implemented now to avoid future generational bankruptcy.

A process must be created which can be duplicated throughout the state and nation to help families move toward greater self-sufficiency and prevent their children from being victimized. There is more evidence now to indicate that unless the family is upgraded as a total unit, the end results may be quite unsuccessful.

We cannot look to Washington, Raleigh, and the County Department of Social Services as the only source of solutions to the problem of child care and development. What is mandatory in my opinion is that we eliminate the duplication of effort, separation of agencies, bickering, in-fighting and competition between agencies and individuals. We must utilize the total resources of the community and all levels of government.

Every effort must be made to formulate different approaches for better delivery of services to the family, to develop more effective use of volunteers, to give parents far greater opportunities to influence programs affecting their children, and to greater enhance parental competence.

A Harvard study, released in February of this year, reports that good day care centers do not harm the development of young children. Just the opposite opinion was advocated by the same researchers only four years ago when they warned that taking young children from their home environment would harm their social and intellectual development during their critical years.

The same study stated clearly that <u>poor</u> day care centers can be and are harmful to young children, and the researchers estimated that 15% to 20% of day care centers in the nation may fall into this category.

The total number of children under the age of six in North Carolina being served by all day care plans was 121,954, and since there are 214,725 children in this age group in North Carolina with working mothers, there is a possible population of 92,771 under age six children not accounted for in licensed centers.

Enforcement of existing standards is left to a state-wide staff of five persons - yes, only five - who are responsible for consultation, licensing, and managing of complaints. As a result, there is little uniformity of standards. A parent in North Carolina cannot expect to walk into two licensed daycare facilities and find equally satisfactory conditions.

There are, at present, several fundamental programs attempting to upgrade standards for existing child care programs. In spite of the continued attempts at innovative children's services, the need for improvement of existing programs is still to be met.

Children's emerging abilities are influenced overpoweringly by social and motivational forces. Appropriate physical environments are certainly required, but competency is fostered most profoundly through both direct and indirect human contact. In the absence of parents, competent teachers must serve as designers and consultants of the lives of young children. Teachers must offer encouragement for creative expression and be indulgent. Persons who interact with and guide our children must be the kind of people who will not pervert and thwart the naturally active, anxious, alert, and exuberant young child, but who will foster these qualities in a safe environment and nurture our next generation.

Communities and states drain their leadership and vision by jumping from crisis to crisis. Our management style is that of management by crisis. Goals and priorities must be established so that, on a regular basis, there will be citizens, agencies, institutions, and governments informed about the status of children.

The representatives at this conference must provide leadership throughout the state by establishing priorities and goals for the children in North Carolina. The family is the seedbed of human development. Our children of today determine our future. Let's preserve and strengthen their chances by accepting our responsibility of adopting as our primary goal a program of renewed interest, concern and action on behalf of our children.

Simply stated, Ladies and Gentlemen, we have in my opinion a decision to make and perhaps we are at the eleventh hour. The choice is ours. We still have sufficient time to make the decisions required. Plato perhaps summarized the position of our society today some 2,000 years ago when he said, "The punishment wise men suffer from indifference to public affairs is to be ruled by unwise men."

I believe this is our challenge at this conference. But, you ask, what can I do? I suggest we consider, in this bicentennial year, the words of Thomas Paine, "It is not in numbers but in unity that our great strength lies."

Horace Deudeny, Corporate Director
Personnel Administration
R. J. Reynolds Industries, Inc.

STATE OF THE CHILD IN NORTH CAROLINA

If you wandered the graveyards of long ago, you would have been struck with the numbers of tiny crosses and tombstones. The outline of graves on the barren

ground would have been little more than a yard long. Angels, the favorite adornment of children's tombstones in those days, would have been miniature in size.

They died for many - mostly obvious reasons. Dirty, uncooked cows' milk, or some other improper food; or they were weakened with heavy clothing and then exposed to sudden draft; fondled by sick people with communicable diseases - all these things contributed to a short life for many babies.

Such communicable diseases as typhoid, malaria, whooping cough, diptheria, and measles took a terrible toll. In 1906, 20 North Carolina towns had 225 deaths from these diseases alone.

In 1918, when it became mandatory to report communicable diseases; 25,630 cases of diptheria, malaria, measles, and whooping cough were reported. Today, the incidence of these diseases has been drastically reduced by immunization - probably the biggest development ever in public health.

If you had been born in America 200 years ago, you would have had only a 50% chance of living to celebrate your 21st birthday.

If your parents had decided to migrate to America in the 18th century, your chances of reaching this country alive were even less.

Of course, all that was long ago, and things have changed; but how slowly has change come about, how much progress have we really made in providing maternal and child health care?

Certainly, we have made tremendous progress in lengthening the lives of children. Yet, North Carolina is tied with Tennessee for 46th and 47th in the nation in infant deaths out of a reporting 51 units.

There is something almost obscene about the amount of infant morbidity and mortality in North Carolina. It is a tragedy of the modern age that this state, with three medical centers and a relatively high rate of literacy compared to some states, suffers one of the worst infant mortality rates in the nation - our reputation for indulgent progressiveness notwithstanding.

Let's look at the reasons for our absurd mortality rate. Broadly, highrisk mothers account for most of it. Underlying disease, out-of-wedlock births, pregnancies among women under 18 and over 35, inadequate education, too many children, previous fetal deaths, poverty - all add up to a high risk mother. To be frank, our infant mortality rate sounds more like something one might find in an underdeveloped country rather than in North Carolina.

Maybe what we ought to do is to stop talking the problem to death; join forces and do something. God knows the work there is to do. It's a problem that must be shared among private as well as public health care people. Certainly, no segment of our society is without blame.

Consider this. Fifty percent of the people in this state live slightly above, at, or below poverty levels. Add to the poverty and educational deficiencies, poor perinatal nutrition and you have an ideal model for high infant mortality.

Every 45 minutes, a damaged child is born in North Carolina. There are 180,000 women in the 15-44 age group in need of family planning and maternal health services.

There are about 84,000 babies born in the state each year. There are two million infants and children in North Carolina - 200,000 of which need health supervision. Some 20,000 children enter school each year with special needs.

The magnitude of the problem of infant morbidity and mortality is shocking; and when considered in the light of rehabilitating these children later in life, the cost staggers the imagination.

The state of the child in North Carolina in 1976? - of course, it is getting better. But it has taken years to develop enough public presence and knowledge even to come as far as we have in the perinatal health care system. But the problem is beginning to be recognized by legislators and the general public. The legislature is beginning to funnel more funds into maternal and child health programs.

Just over two years ago, state funds going to counties for maternal and child health clinics were about $1 million. In the fiscal year 1975-76, the amount increased to over $3 million. These funds are being used to hire personnel to staff clinics. Two years ago, only 17 counties had state supported maternal and child health clinics. Today all 100 counties have them.

The General Assembly should be commended for appropriating funds in 1974 for what can be one of the major preventive programs ever to be attempted in North Carolina - the Regional Perinatal Health Care Program.

Proceeding mostly on the basis of a 1971 report that very small premature babies cared for in a neonatal intensive care unit showed only a 10% incidence of impairment rather than 50% previously reported, the Florida Perinatal Intensive Care Program came into being in 1972.

The Florida program is unique in that it is the only state-wide program that has committed itself to measuring its effectiveness both in terms of survival and the quality of lives of its survivors.

An evaluation of the Florida Regional Neonatal Intensive Care Program showed the mortality of infants born in the five participating hospitals was one-third less than infants born in community hospitals, both for premature infants and term infants.

We know that nutrition, or more precisely malnutrition, has a direct effect on the way the brain grows. If a newborn is seriously undernourished during the first six months after birth, cell divisions are slowed down. If an infant is malnourished both before and after birth, the arithmetic is tragic. The brain may be 60% smaller. The organ never gets a chance.

One of North Carolina's and the country's major problems is malnutrition and we live in an agricultural state.

Since July 1, 1971, at least 25,000 children have suffered from neglect or abuse in North Carolina. At least 104 children have died as a result of neglect or abuse since that date.

The 1971 Child Abuse Reporting Law directed that local departments of social services in each county be responsible for receiving and investigating all reports of child abuse and neglect in that county. The measure further stated that social services departments will provide immediate protection for endangered children and arrange for any family services.

The law requires that any professional person who has reasonable cause to suspect that a child is being abused or neglected shall report the situation to the director of social services. This also goes for anybody having a knowledge of a child being abused.

Many neglected or abused children do not come to the attention of those who could help because both average citizens and professional people are often reluctant to report it. Now, if a person knows of such abuse and doesn't report it, they are breaking the law. But more importantly, they are preventing help from reaching the child and his family.

Child abuse is also related to my earlier comments concerning newborns in the following way.

Because of the specialized care provided by newborn intensive care facilities, newborns today survive what were formerly insurmountable hazards. But to overcome low birthweight and associated ills, some are likely to be hospitalized for long periods of time.

During the period of hospitalization, experiences that come naturally to newborns taken home within a few days are denied to the low-birthweight infant; and most of all he is denied the opportunity for natural and close contact with his mother as she takes over his care.

<u>The question is this:</u> Can it be that while the medical problems are being expertly taken care of in the hospital, other needs that might eventually prove equally vital to his health and happiness remain unmet?

Obviously, the early interpersonal relationship between infant and mother is altered as a result of long separation at the beginning of the infant's life. There is a reason to suggest that this separation results in serious disadvantage to both.

Can it be that the experience will make it difficult for him to relate to his mother as the relationship is eventually established? For her, the feeling may be one of indifference at best; or total rejection at worst.

Are we saying that maternal behavior so disturbed as to permit a mother to inflict overt harm on her own child may result at least in part from a long mother-infant separation at birth? To be sure, this is a critical time in the formation of a normal parental relationship. An abnormal separation may reverse the natural order of the relationship and, indeed, irrevocably alter it.

The thesis that "Prolonged hospitalization of an infant because of prematurity or related problems could have a role in triggering parental mistreatment" was explored in an analysis of cases of child abuse diagnosed at Montreal Children's Hospital over a nine-year period. A relationship was, indeed, found to exist.

If low birthweight and child abuse are related, is it unfair to implicate modern pediatric procedures on behalf of premature and high-risk newborns? To the extent that these procedures enforce an unnatural separation of an infant from his family, the possibility of adverse effects warrants consideration.

Why not include parents in the process in cases where a long hospital stay of an infant is anticipated? We know that parents have been largely excluded from hospital nurseries because of the possibility of increasing the infection rate. Although such regulations have been relaxed in some hospitals, they are still applied in many as regards to new-borns and others considered at risk.

I am enthusiastic about a proposed state-wide system for medical evaluation of abused and neglected children. The Division of Social Services has entered into a purchase of service agreement with the Office of the Chief Medical Examiner.

The objective of the program will be to provide a standard physical examination of each child referred to the program by social services as having been abused or neglected. Community physicians throughout the state will be recruited and subcontracted to perform physical examinations. Physicians interested in the program will form a state-wide physician network. Fee schedules for individual examinations are now being established. The program is obviously an innovative approach in the evaluation of abused and neglected children.

In 1967, Title XIX of the Social Security Act was amended with the intent of placing emphasis on preventive health care. The Early and Periodic Screening, Diagnosis and Treatment Program is a direct result of this action.

The basic concept behind EPSDT is to screen children early in life, treat any disorders which may exist and then periodically re-examine them through the age of 21 years. As a result, young people receive proper health care early in life and problems are corrected before irreversible damage occurs. Also incorporated in EPSDT is an intensive outreach program.

As it is the habit of our society to practice crisis rather than preventive medicine, it is important to educate all EPSDT eligibles in the concept.

The value of such a program is obvious. It is the right of every child to receive proper health care and thus have the opportunity to become a productive adult. Such a philosophy is advantageous both morally and financially.

It is unfortunate, however, that EPSDT is not reaching a high number of children. The program began in North Carolina in July of 1973, and in the past fiscal year less than one-third of the eligible children were screened (43,805 out of 144,700).

If EPSDT is to serve the maximum number of children, then all available resources must be used. In order to take advantage of the resources, there must be organization within the program. But most importantly, the program must be attractive to those who administer the services and to those who receive it. Otherwise, they will not participate.

The concept of preventive health care will gain more acceptance when it is understood. And when an understanding is established, provision of transportation and other accomodations are necessary to insure that eligibles keep appointments.

In other words, the more simplified and streamlined the procedures, the more attractive the program. This in turn yields greater participation by those who administer the program and those who receive the services. When the red tape is decreased, the acceptance will increase.

There is a major fault in the program which leads directly to the lack of efficiency. EPSDT as it now exists in North Carolina has no single point of authority. The responsibility for the program is divided between the Division of Social Services and the Division of Health Services, and there is no one in either division assigned to a full-time EPSDT position.

As a result, there is no central point from which to coordinate the various activities of EPSDT. And along the same lines, problems are often lost within the system before they are dealt with. Therefore, problems are seldom solved and often multiply. A full-time staff would be attuned to these things and thus be able to handle them.

Efforts are being made at this time to solve the problems. Under my direction, an advisory committee has recently been formed to study the program and to take action to improve it.

Members of the committee are now working on a proposal concerning the establishment of a full-time position to coordinate the EPSDT Program. Steps are now being made to revise the screening claim form with the hope of simplifying the screening and claims process, thus saving money and time. The committee is also looking into the possibility of increasing the screening fee.

Even though I may have created a rather dim view of EPSDT, it is not my intention to leave the impression that the situation is hopeless. Most of those involved with the program feel it has great potential. Certainly no one argues with its intent. Of the 43,805 youngsters screened in the last year, 17,924 needed treatment.

The program is worthwhile! But EPSDT has never received the attention it deserves; and as a result the problems have grown and multiplied. When given needed attention and supervision, the program will become more efficient. And as greater efficiency is achieved, more children will receive the health care they deserve.

As individuals and as members of your organizations, you must speak out more on all issues confronting health. I urge you not to confine your activities merely to a narrow range of issues affecting only your profession. You should be speaking out - as you are beginning to - on occupational safety, on facilities for the handicapped, and on professional ethics - to name just a few.

You know, people come in three classes: The few who make things happen; the many who watch things happen; and the overwhelming majority who have no idea what happened. So speak out and make certain they have no doubt which class you are in.

Archie T. Johnson, Jr., M.D.
Assistant Secretary for Health Affairs &
Director of Health Planning and Resource Development
N.C. Department of Human Resources

STATE COMMITMENT TO CHILDREN

I think this is a significant conference here today, because I think it is a symbol of a critical public policy decision that our state has made in the last three years.

That decision is North Carolina's commitment to its young children. We have established just such a commitment in recent years, and your presence here today is an affirmation of it. And I believe your presence is an affirmation of your determination that the state expand that commitment to improve the physical, social, and educational environment of our young children.

Let me just review how the state has established its commitment.

First, the General Assembly has established standards governing the quality of care and the facilities that day care centers provide. It has also made a commitment to provide for children with special needs and for handicapped and developmentally disabled children. But I believe the most important elements of the state's commitment are the public kindergarten system and the child screening program. By next year, all of our five-year-olds should be in public kindergartens. By 1978, we should be screening over 80,000 four-year-olds.

Together, these two programs represent a significant commitment by the state to these young children, particularly when you consider that, three years ago, there were no state supported services for those ages at all.

Think of what those programs can mean to our children and their quality of life in the years ahead. Through the screening program, we will be able to isolate those physical, mental, and emotional problems, that, undiscovered, lead to wasted lives. Through the kindergartens, we will be able to get our children on the right track to an education that truly enables them to make something of their lives.

It is unfortunate, but true, that programs for young children must compete with programs for the elderly, for welfare, for drug control, for crime control, for prisons, for schools, and so on and so on.

But I think we have shown in the past few years that we are ready to give high priority to programs for children. I hope we continue to do that.

I believe, for example, that we should look to expanding state-wide the kind of pilot child development program that is working so well in the Appalachian Region of North Carolina.

I'm particularly excited by the "home visitors" component of that program. These home visitors literally take child development into low and moderate income families. They visit families with small children each month, in their own homes, and help the parents work with their children.

This way, one family worker can help 25 or 30 children. In a day care center 25 or 30 children would require far more staff members and far more money for space and buildings.

Another area we must take a serious look at in North Carolina is our high infant mortality rate. That rate, in our state and our nation, is appalling. It is time to get serious about attacking this problem.

We have to begin by recognizing that this is a problem caused by poor public health education and the inability of many citizens, particularly the rural poor, to get proper medical care. Most of these deaths are caused by the mothers' physical condition during pregnancy. That is where we have to attach this situation.

In addition to looking at these new efforts, I believe we need to take a hard look at how state government is handling this whole area now. The development of our programs for young children have followed a process of incrementalism. We have begun with pilot programs in various areas and then steadily expanded them as we saw how they worked.

It may be time for the state to look at bringing all these programs into one agency to give them more emphasis. We have to be concerned with the children more than with the administration of the services. We have made some progress along these lines recently, but I don't believe we have made enough.

In the final analysis, though, we have made a significant commitment for North Carolina. We have declared that we are going to spend a significant amount of our money and our imagination and our energy making life better for young children. We are going to help prepare them to make life better for themselves and for their children.

There should be no turning back from that commitment. We should only look at how we can best expand it. I believe it is the most significant step we can take to a better future in North Carolina. Our children are our future.

Honorable James B. Hunt, Jr.
Lt. Governor, State of North Carolina

CURRENT RESOURCES FOR OUR CHILDREN

Twenty years ago, advocates for children were almost totally non-existent. So-called "normal" children could have some of their needs met through their school systems, and local health and welfare agencies, but handicapped children had nowhere to turn. Mentally and physically handicapped children were excluded from the mainstream of all programs. Even the slightest handicap would keep a child out of school. Because schools did not have the teachers or facilities to cope with handicapped children. Community programs were almost totally non-existent.

It wasn't until the 1960s that parents started getting involved with their handicapped children. Prior to that their only choice was to institutionalize. Even the professionals recommended this type of program.

Until ten years ago, many programs were in the research stage. They were all aimed at middle class families in university or metropolitan areas.

During the "Head Start" period back in the 1960s, it became evident that there was a great correlation between the parent's involvement in a program and the child's success.

Professionals began to seek the involvement of the parents of a handicapped child rather than institutionalization.

Following this period, programs for children began to increase. While many programs for children existed in state government, they were not well coordinated with one another.

Then came the Executive Organization Act of 1973 which brought like agencies together. This helped considerably in the coordination of children's programs.

On November 25, 1974, our state took one of the most important steps it has ever taken in the direction of children's services - the creation of the Office for Children.

The Office for Children was formed by consolidating two Department of Human Resources agencies - the staffs of the Governor's Advocacy Council on Children and Youth and the Council on Developmental Disabilities - with the Office of Child Development from the Department of Administration.

Since 1973, (before and after creation of the Office for Children), the Advocacy Section has been involved in more than 1,000 cases seeking solutions to problems of

children who have been unable to find services to meet their needs. In working with these cases, they have often seen the need for a non-existent program and worked to establish one.

About a year and a half ago, the Department of Public Instruction and Department of Human Resources (DHR), in cooperation with parents and professionals for handicapped children, conducted a "Count the Children" campaign. This survey which was conducted in ten selected counties in North Carolina, was a joint effort to locate children with special needs.

In June 1974 DHR held four public hearings to find out the needs of the citizens of North Carolina. From these hearings we were able to develop a list of priorities to present to the legislature for funding. Three of our top five priorities were for children alone and all three received funding. Surveys and hearings such as these give us an opportunity to find our needed services and then work to establish them.

Last July the Division of Youth Development was added to DHR from the Department of Corrections.

The legislative act which changed the name to Division of Youth Services also created a Commission of Youth Services within DHR which will plot the course of future youth services policy and programs.

The Division of Youth Services promotes a three phased program that aims to send North Carolina's young people back to their families and communities - armed with a better understanding of themselves and their behavior patterns - more able to deal with society in positive ways and to cope with their own conflicts.

North Carolina recently joined a nationwide effort to see that children are supported by their parents and not the government. Title IV-D of the Social Security Act requires that all states, as of August 1, 1975, implement a parent locator service and a child support unit. The latter to determine the paternity of children born out of wedlock and to obtain support.

DHR started a new program last fall - a statewide prekindergarten screening program. It was our number one priority before the last session of the General Assembly.

There are 437,000 children in North Carolina under five years of age. Only half of them receive medical care and health screening from private physicians. Neither private nor public health care and screening programs usually include screening for developmental conditions such as emotional and learning problems.

Nearly 25% of the children in North Carolina have special needs that must be met if they are to develop to their full potential. This means that nearly 21,000 children enter kindergarten each year with developmental or physical needs that require special educational programs or professional attention.

Our screening program is just beginning to get a good start. In approximately a two month period ending December 31, 1975, we screened 500 children. We hope to screen 7,000 by July 1, 1976. There are presently 11 counties involved in screening in North Carolina. When the program gets going statewide, we hope to screen 85,000 each year.

Developmental Evaluation Centers, where screening will take place, are not new to North Carolina. The first DEC which provided evaluation and treatment for developmentally disabled children was started in 1961.

By 1970, the seven existing DECs were seeing 1,353 new cases annually, with an active case file of 4,446 children. By 1974 there were 11 DECs throughout the state.

Now there are 14 state administered and four contracted DECs, plus three special contracts supplementing the evaluation of services of larger state and federally supported programs. DHR plans to increase the number of DECs to 17.

Most of the existing services and resources are focused on children over six years of age. In fact, children from 0-6 years of age are the most neglected in

terms of services provided by the state. Hence, the child and family are left alone to struggle without services during this age period, regardless of the disability of the child.

Research and demonstration projects have supported the fact that the earlier treatment begins, the more effective it is. Thus the child from 0-6 can benefit the most from an intervention program.

To carry out the early intervention program, 20 programs for children ages 0-6 and their families are to be developed by June 30, 1977. Different approaches will be used with the mentally retarded and developmentally disabled from those with emotional disturbances, learning disabilities, and autism.

Our Division of Mental Health Services has begun a special Early Childhood Program that will take trained workers into the homes of infants up to three years of age to work along with parents in a program that will prevent the retarded from becoming totally incapable.

Programs of this type will drastically reduce the number of mentally or physically handicapped - many of whom would become dependent on the state.

In the last two and a half years, the number of people institutionalized in our state as mentally retarded has been reduced from 6,000 to 3,600. It is wrong to put our children and our elderly into human warehouses where they lose their identities and their motives to improve and sometimes to live. There are no advantages to institutionalization, and it is one of the state's costliest items. Did you know that it costs about $10,000 a year to maintain one person in an institution and that it costs only about $3,900 to keep a person in a group home?

There is still much to be done to provide more resources for our children. We still find children who have nowhere to turn because of the mulitplicity of their handicaps and a lack of programs and trained personnel to care for these children. There are still children in institutions who should not be there. There is a great need for respite care, transportation, group homes, and other community based programs.

We have come a long way in the establishment of resources for our children. We now realize that our children have rights just as we do, and it is up to you and I to see that their rights and needs are met.

Honorable David T. Flaherty, Secretary
North Carolina Department of Human Resources

CURRENT RESOURCES FOR CHILDREN

EDUCATION PANEL

PRESIDING: MRS. CHARLES L. HERRING, PRESIDENT
AUXILIARY TO THE NORTH CAROLINA MEDICAL SOCIETY

GENETIC COUNSELING AND OTHER GENETIC SERVICES IN NORTH CAROLINA

Genetic counseling has been available for the past few years at the two formal medical genetics centers, one at the medical school at the University of North Carolina, Chapel Hill, the other at the Bowman Gray School of Medicine in Winston-Salem. Similar services are offered at Duke University Medical Center but as yet there is not an identifiable single unit on medical genetics but there are many people there interested in medical genetics. Some physicians, of course, notably pediatricians, provide genetic counseling elsewhere in the state. However, one can "guestimate" that less than 10% of families who might benefit from genetic counseling are receiving such services today. Those receiving these services are not a random sample of such families but are characterized by being generally better educated and more often from the upper socioeconomic strata of our society.

The same centers I mentioned above provide a varying number of diagnostic tests for Mendelian and chromosomal disorders.

During the past three to four years amniocentesis, i.e., obtaining fluid from a pregnant female, has become an accepted and relatively safe procedure. For genetic purposes, amniocentesis is generally performed at 14 to 16 weeks of gestation and can detect chromosomal aberrations in the fetus as well as 95% of congenital central nervous system malformations (anencephaly, spina bifida with myelomeningocoele) and a small but growing number of Mendelian disorders such as Tay-Sachs' disease, Hurler's disease, etc. Presently these tests are recommended for all pregnant women over 40 years of age and for those who have had a prior infant who exhibited a central nervous system defect or one of the chromosomal defects. It is also indicated in families having a child with one of the metabolic disorders that is perfectly diagnosable in utero.

As part of their educational and service effort, the two medical centers' units of medical genetics (Chapel Hill and Bowman Gray) are holding satellite genetic clinics at various locations in the state at regular intervals. Ideally, because of the supportive services available at the major medical centers, families with genetic problems would best be served by referral to these centers, but geographic, economic, and educational considerations argue for a continuation and expansion of satellite clinics for the next several years.

Now, genetic counseling requires first of all a definitive diagnosis. In addition, a pedigree of the family is taken including all relevant medical histories. These findings are then, of course, translated into recurrence risks for the family involved. In addition, facts regarding the potential medical, socioeconomic, and psychological consequences of a given disorder are discussed in an effort to provide as much information as possible for intelligent family planning. At the same time, an effort is made to assuage the anxiety, the disappointment, the guilt, and the alienation which often accompanies the birth of a defective child.

Patients or their families may obtain genetic counseling on referral from their physicians, public health nurses, or other health professionals. These services are available without charge at Chapel Hill or Bowman Gray to the medically indigent through support provided by contracts with the state's Department of Human Resources and, of course, are also supplemented by grants from the National Foundation of the March of Dimes.

With the ever increasing prevention and control of environmentally induced ills, we can anticipate that the relative contribution of genetic factors to disease has already and must inevitably increase. Happily, a growing number of genetic disorders are becoming treatable.

In summary, I believe that present availability of medical genetic services is adequate for current demands. The principal problem seems to be in the need for professional and lay education concerning the availability of these services. One can, of course, forsee the need for additional staff and facilities as demand increases. Conferences like the present one, by focusing on what is, may bring closer what might be.

Hal Goodman, Ph.D.
Bowman Gray School of Medicine

PERINATAL CARE

This presentation possibly would be better entitled "The Plight of the Newborn in North Carolina." A look at what happens to babies in North Carolina from the time of pregnancy through the first year of life and comparing our figures with other states in the United States, one sees the following: For the past several years, North Carolina has had a higher infant mortality rate than 42 of the other states. If one includes what happens to the baby after the 20th week of pregnancy - which includes infant mortality - one sees that North Carolina had a higher rate for the years 1969-73 than 45 of the other states. If we look at what this means in actual deaths it can be seen that between 275 and 400 babies die each year in North Carolina who would not have died had we had mortality rates equal to the average for the United States. Since we in North Carolina have never thought of ourselves as being average for these United States, we probably could save more lives than those suggested.

In January 1974, a Task Force on Maternal and Infant Care submitted its report to the Governor's Advisory Council on Comprehensive Health Planning. The report cited the figures that I have just given you and outlined the contributing factors. The following corrective measures were recommended:

1. Improved community perinatal health care services with emphasis on education, increased prenatal care, identification of high-risk mothers, interconceptional care, transportation, and communication.
2. Improved hospital perinatal health care services with establishment of three levels of hospital care. Level I hospitals would provide care for uncomplicated pregnancies and normal newborn infants. Level II hospitals would deal with the majority of complicated perinatal problems and Level III hospitals would be referral centers for the most complex perinatal problems.
3. Development of regional organizations of perinatal health care services to coordinate within each region community services and hospitals of all three levels to assure that each mother and infant receive care appropriate to their needs. intra-regional cooperation would be developed for education, consultation, referral, transportation, and evaluation.
4. State financial support of perinatal health care to include funds for a) hospital renovation and equipment, b) personnel, c) subsidization for patient care, and d) administration and evaluation.

In April 1974 the General Assembly of North Carolina ratified Senate Bill 1247 entitled "Perinatal Health Care." This bill authorized implementation of the major recommendations of the Task Force, vested responsibility for the program in the Office of the Secretary of Human Resources, provided for the appointment of a 10-member Perinatal Health Care Advisory Council.

Advances have been made in the regionalization of perinatal care. Six perinatal regions have been designated corresponding to the state's six Health Service Areas.

The problem areas are many. We believe that the planning should be done on a long-range basis - projected to fully implement the provisions of the Perinatal Health Care Law by 1985. These needs must receive a high priority in the state's budget. At least ten additional neonatologists are needed in North Carolina by 1985 along with an undetermined number of neonatal nurse specialists. We are running sadly behind in the training of practicing pediatricians and family physicians as well. Infant transport systems must be developed within each region. Finally we must develop evaluation systems for our program which would include status of survivors of high-risk conditions in relation to perinatal events and such things as cost-effectiveness of our efforts.

In summary, North Carolina is lagging sadly and drastically behind the remainder of the United States in the care of its newborn infants. Plans have been made which could, at least in part, alleviate some of these problems but the failure to adequately fund and implement these programs has allowed too little progress.

Floyd Denny, M.D., Chairman
Department of Pediatrics
UNC School of Medicine

NORTH CAROLINA PREKINDERGARTEN SCREENING PROGRAM

I very much appreciate the opportunity to discuss with you the development, the present status and the future directions of the North Carolina Prekindergarten Screening Program.

This is, I believe, one of the most exciting new programs for children that has been developed in North Carolina. But it is a program that is totally dependent for its success on the extent to which it meshes with other services for children, and the extent to which it can offer to parents and to communities a service that is useful and useable to them.

In a discussion of the development of the program, the first question to be answered is why the program was begun initially. North Carolina as a state, through the legislature and state government and private services, has an extraordinary commitment to meeting the special needs of children and their families. We know that somewhere around twenty-five percent of children will have some special need if they are going to develop to their fullest potential.

The Prekindergarten Screening Program was developed to begin the process of identifying what those special needs are and obtaining intervention as early as possible.

The purpose of the program is specifically: (1) to determine the strengths and weaknesses of each child during the year before he starts kindergarten, (2)

to counsel with parents and other child care workers to assist them in meeting the special needs of any children who have them and to focus on the special strengths of each child, and (3) to plan with community child care professionals to focus services around the needs of individual children and individual families.

The need for a very careful monitoring and evaluation of a new program such as the Prekindergarten Program has been recognized by everyone concerned. In order to assure that comprehensive evaluation of the program takes place, evaluation of the program will be carried out by an outside evaluator. The screening process will be carefully evaluated through follow-up screening and evaluation.

We will answer the question - did anything change as a result of screening? This data will be available in formal form for the legislature to assist in guidance for future funding and for the program in guiding our planning towards the development of the best possible program.

A second monitoring and assistance mechanism has been built into this program in the form of a Technical Advisory Committee comprised of state and national experts in pediatrics, child development, and social programs, who will review all procedures and program results at regular intervals and recommend needed changes in the program.

Originally, the intent of the program was that physical evaluation would be a part of the screening program.

Unfortunately this component of the program is not included in the appropriation. Nevertheless, we are attempting to assure within the limits placed upon us (by lack of funds) that every child be directed into a medical care system, whether public or private.

In summary, the Prekindergarten Screening Program is on the way towards becoming a one year old. It's developing, being evaluated, and changing as needed.

I believe that it is a unique and outstanding service to the families of North Carolina. But we ask for continuing assistance in continuing to make it better and better; to continue to make available for families, as early as possible, an opportunity to begin the process of meeting the special needs of their children.

Mrs. Martie Coulter, Program Director
Developmental Evaluation Unit
Division of Health Services

HOME HEALTH AND DAY CARE

A look at current resources for children in North Carolina would not be complete without taking a look at resources available to provide nutritional services for home health and day care.

The deficient nutritional status of North Carolina's young children was brought into focus in 1969 when five of the counties in North Carolina were named "hunger" counties by the Office of Economic Opportunity. In 1970 the findings of a North Carolina Nutrition Survey (1970) assessing the nutritional status of North Carolina's preschool children indicated the proportion of inadequate diets for children one to five was nearly double the rate for all other age levels.

1. What are the nutritional needs of children in a group setting and why are they of concern to the participants of a Conference on Children in 1976?

The number and kinds of meals and snacks served in the day care program is dependent on the number of hours the children are present. It is estimated that children who are in the day care center for four hours or more should receive quantities of food supplying up to one-third of the National Research Council's Recommended Dietary Allowances. Children in the day care program for eight hours need to receive a quantity of food supplying approximately one-half to two-thirds of the Recommended Dietary Allowances. Children in care for periods considerably longer than eight hours receive even a larger portion of the Recommended Dietary Allowances provided from the food they consume in the center.

Nutrition services must be considered an integral part of a day care program when one considers the numbers of children enrolled. It is imperative that those who plan services and programs for children have an understanding of the specific nutritional needs for each age level served. Resources for nutrition services must be continually identified and developed to ensure that these needs are met.

2. What are nutrition services in day care?

There are many answers: for example the director of a program might explain that a meal and two snacks are served in the center and that staff and parents work closely together to plan for the nutritional care and feeding of the children. She might also provide information on the cost of food and labor for preparation, take you on a tour of the kitchen, and discuss the number of employees and the hours that they work; the teachers in the center might tell you about the cooking activities planned with the children in her classroom, the relationship of lunchtime activities to the total curriculum, the expectations for the behavior of the children at lunchtime, as well as the style of food service used and how the children are supervised; parents might tell you that their child appears happy and well fed upon arrival home in the evening; the nurse at the center might tell you that the children are weighed and measured regularly to determine their growth progress.

3. What resources are available to provide services to meet the nutritional needs of children in day care programs?

In 1975, Appalachian Regional Commission funds, administered by the Planning & Program Development Section of the Office for Children, were used to fund a Special Purpose Demonstration Nutrition Project in the Southwestern Child Development Commission in Region A and the Northwest Child Development Council in Region G demonstrating two workable models for a nutrition component in a child development program. The project was designed to demonstrate that nutritionists (professionals with expertise in and knowledge of the total process by which children and their families take in and utilize food) working in a nutrition component of the Child Development Program would increase the effectiveness of the nutrition services offered and the nutritional needs of the children would be better served.

The nutritionist's role was to demonstrate methods for improving the nutritional status of children and their families in North Carolina and to make this information easily accessible throughout the state.

Expertise in nutrition is available for a program when a nutritionist is not part of the regular staff. Dietary Consultants in the food service component

of the Nutrition and Dietary Branch in the Division of Health Services of the Department of Human Resources work with food service staffs of day care programs.

In the nutrition education component of the Nutrition and Dietary Branch, Division of Health Services, Department of Human Resources, four regional consultants and 30 county nutritionists serve as nutrition resources by providing consultation for individual programs and assisting with workshops and inservice activities for day care program personnel.

Other excellent resources in the area of food, nutrition, and human development are available to day care programs, through the Home Economics Division - the North Carolina Agricultural Extension Service at North Carolina State University in Raleigh, and through two Dairy Councils located in Greensboro and Durham.

The nutrition related portion of a budget in a day care program may include costs for food and the food service, i.e., labor for preparation, equipment, storage and serving space, training for food services personnel, transportation, and consultative services.

In the Appalachian Regional Commission Child Development Programs nutrition and food service related costs are about 12% of the total budget of a child development program.

There are resources available to assist programs in meeting these costs. The USDA's Child Care Food Program is a good source of federal funds for non-profit day care centers. Centers are eligible to receive cash reimbursement for meals served to children of families on all income levels. At present, approximately 600 Day Care Centers and Family Day Homes are receiving reimbursement for children enrolled. The Child Care Food Program is a year round program that was expanded in October by the passage of H.R. 4222.

Through a statewide Title XX contract between county health departments and the Nutrition and Dietary Services Branch of the Division of Health Services, Department of Human Resources, nutrition consultants are working with teachers in day care programs. If a child is eligible for Title XX services the caretaker of that child can receive individual consultation from a nutritionist who will be reimbursed for this consultative service by Title XX funds. There is no limitation on the number of times the nutritionist can assist the caretaker.

State resources for nutrition services need to be planned and developed, so whatever happens on the national level, North Carolina will be in a position to provide quality nutritional services for children.

Mrs. Phyllis Rollinson, Program Consultant
Plans and Program Development Section
Office for Children

MENTAL HEALTH

The Division of Mental Health Services has the responsibility of meeting the mental health needs of children from birth on. It is a large responsibility to provide services to children of all ages and their families - children with problems of emotional disturbance, mental retardation, and drug or alcohol abuse, and families with child rearing problems, marital problems and/or their own mental health problems - be they emotional problems, drugs, or alcohol. One way of conceptualizing the services

provided by mental health is to divide them as follows: (1) services to prevent the development of mental health problems; (2) services to alleviate mental health problems; (3) services to provide ongoing support and amelioration for chronic, long term problems.

This discussion will address briefly how mental health services are delivered, what kinds of services are available, and the areas of special focus.

1. How Services Are Delivered

Similar to the other service delivery systems in the Department of Human Resources, the mental health system is divided into four geographic regions. Within each region, there are ten or twelve area mental health programs.

Within the mental health system, services are available along a continuum of intensity, based on the needs on the part of the client. Also, some mental health centers provide full day treatment. Each region has a mental retardation center and a state mental hospital for those clients that need intensive care.

2. The Kinds of Services That Are Available

The mental health centers across the state differ in their size, and in the scope of services that they provide for children.

For school aged children, ages 6 to 18, the mental health centers provide diagnostic and treatment services designed for emotionally disturbed and mentally retarded children and support services for their families. In addition, consultation services to the public schools are provided to serve as prevention services. For those children with intensive mental health needs, full day treatment programs are provided either in the sense of developmental day care programs for the retarded child who cannot profit from a special education class in school; or an emotionally disturbed child who needs a combination of treatment and education outside the public school system.

The mental health system provides services to children of all ages. Clearly, the problems of older children are more apparent. However, the very young child whose emotional problems may not be so readily apparent needs service too, for even though his problems may seem less striking, they represent the beginnings of problems that are so troublesome later in life. Support services to preschool children cannot be overemphasized, for they truly represent important steps in the prevention and early intervention of mental health problems.

The North Carolina General Assembly, in 1975, funded several programs for preschool children. In the Division of Mental Health Services, new programs are being developed by this funding for the emotionally disturbed child. These early intervention programs serve the very young child and the parents; and in some cases, provide service to parents even in the prenatal period.

As problems of emotional disturbance in young children usually become apparent around the age of three and four, special programs for the preschool emotionally disturbed child have been developed. There are now 21 early intervention programs for emotionally disturbed children throughout the state. North Carolina is one of the few states in the country that provides preschool services for the emotionally disturbed child.

The early intervention programs provide a therapeutic preschool setting and a parent support training program. These programs are designed to work with young emotionally disturbed children, with the intent of helping them toward a better adjustment and hopefully a normal development by the time they reach school age.

The mental health system in North Carolina is a large one. In addition to the many adults it serves, it is a system that provides service to a large number of children. This year, we will provide service to approximately 60,000 emotionally disturbed children, 15,000 retarded children, services to about 1,600 children in the psychiatric hospitals, services to about 1,000 children through the group homes,

services to approximately 1,000 emotionally disturbed preschool children, and 1,000 preschool mentally retarded children. Clearly this system has developed rapidly its capacity to serve children, for these figures represent an increase of between 500 and 600 percent of the services that were being delivered three years ago.

There are some of each kind of program I have described above in some places throughout the state - but clearly every mental health center does not have available to it the resources, the staff, or the program expertise to provide all of what was so briefly described. Of course, it is in part a question of financial resources to broaden the areas of service delivery across the state, but in addition, it is also a question of local enthusiasm and emphasis. You as local citizens, local professionals, local decision makers, greatly influence the development of the area mental health programs, for these are community programs that are supposed to be responsive to the community's needs. I see the development of mental health programs for children as having three important stimulants: (1) the interest and capacity of the local mental health centers; (2) the leadership, monitoring, and standard setting responsibility of the state office and regional offices; and perhaps most important (3) the needs and the demands of local communities as expressed by its citizens to the local mental health centers.

Lenore Behar, Ph.D., Chief
Child Mental Health Services
Division of Mental Health Services

CURRENT RESOURCES FOR CHILDREN

HEALTH PANEL

PRESIDING: MRS. CHARLES L. HERRING, PRESIDENT
AUXILIARY TO THE NORTH CAROLINA MEDICAL SOCIETY

EARLY CHILDHOOD EDUCATION

I was asked to talk about the current resources in Early Childhood Education from a teacher's point of view.

On the county level we have psychologists; we have nurses; we have a learning disability program, a mental health program, a special education program, social services, a dental hygenist, dentist, and professional teachers. The extras we have are the parent volunteers and we have the psychologists from North Carolina State University and the University of North Carolina at Chapel Hill. In the county the psychologists are available to test the children, counsel the children, to give suggestions to the teachers.

We have county nurses and they are supposed to come to the schools about once every two weeks, but our problem is that children don't get sick every other week and it gets to be a problem for us. Another thing is that once they get to the school they are so loaded down and there is such a need for them that it really makes it hard for them to go on to the next school they are supposed to be at because the demand of the school they are in will keep them there.

The learning disability program works with children with IQs over 80 that need special help in reading, math. The children with IQs under 80 are the Extra Mentally Retarded (EMR) children. The EMR children and the other eligible children are in classes in regular classrooms. They are taken out of the classes to the special reading clinic, work with a teacher, and then are brought back to our classes. The problem involved here is seeing that all handicapped children do have available to them a free public education in the least restrictive alternative.

The social services are there and they have a nurse and a social worker that checks on special children. We have a P.E. teacher and a music teacher and they are paid through county money for schools.

On the state level we have the Early Childhood Education Program.

The most important duty we have regarding young children is that first we must realize that they are active. They are inquisitive and creative if given the opportunity. This leads me to believe that modern education is not made up of small components called arithmetic, reading, science, etc. In the real world things are inter-related and learning can begin at any level. The North Carolina Early Childhood Program seems to make learning a life-like experience for children. Math is involved in block play. Reading can be Andy Panda. The important thing is that learning begins by being informed of a child's interests. Through learning centers in the classroom and integrated schedules for play, children can be taught properly in a natural setting.

The North Carolina Kindergarten/Early Childhood Program has inservice programs to aid in the development of primary programs that enable teachers to experience themselves as learners and children to adopt skills, attitudes, and the knowledge to become lifelong learners. These workshops are held each year to develop new skills and confidence in teachers and principals by simple follow-up excerpts from these classrooms.

The federal government now has a poverty project. These are the children that are economically deprived. They are given free lunches, free snacks, medical care, dental care, hearing and visual care as well as free clothing. This is great for the child and it is great for our schools but now the parents are expecting everything from the poverty program. They don't attempt to go out and buy clothes. They don't attempt to buy food. They don't try because they know the poverty program will provide them.

I'd like for us to have a way to educate parents on the Early Childhood Program - to teach parents and show them how children are and to support early childhood learning.

I would like to see a continuation of the inservice workshops in the county, more qualified medical services to evaluate the children, trained aides in the classroom. I'd like to see teachers take advantage of the staff development centers too.

Mrs. Mary Sauls, Teacher
Johnston County Schools

READING AND WRITING PROGRAMS

First of all, permit me to submit the thought that reading and writing are NOT a separate part of a child's life but merely an indication of some of the quality of that life. If the preceding statement is true it brings about two considerations all of us must keep in mind while working with children.

1. The mental development of children cannot be separated from the physical, social, and emotional growth.
2. Educators should be very careful not to isolate reading and writing from other curricular areas or from normal child growth.

It seems to me that there are two major categories of child development which affect the process of learning and communication skills of reading and writing. These two categories are genetic contributions and the environmental quality in the learning process. Educators can only raise questions and seek answers in the environmental realm. Let's try to examine those environmental areas as they pertain to reading and writing.

There are two separate but related areas in reading. (1) The ability to encode or decode words and say them. (2) To read or write these words with understanding and meaning. These two areas are not parallel in their development. Remedial programs have tended to prove among other things that the first area may be the easier of the two to do. The environmental factor that seems to be most significant in determining our successes is the oral or verbal vocabulary a child possesses when reading instruction begins. Language development is an absolute necessity if we are to be successful with any of the reading approaches.

Currently there are six different approaches being used in the teaching of reading. (1) Linguistic (2) Language experiences (3) Developmental basal (4) Sight-say (5) Color coded (6) Initial teaching alphabet. Four of these are the major North Carolina public school approaches, one in the teaching of non-reading adults, and one mostly north of the Mason-Dixon Line. Each approach has certain advantages but each also possesses limitations that make it impossible for one system to be successful for all children.

I would like to generalize the difficulties into five problems as I see them.

1. Lack of information about children when we start with them. Many times school problems start before we find out about hearing or sight or coordination problems.
2. Lack of environment that limits vocabulary and intrinsic desire to want to learn and/or to read.
3. Lack of mental stimulation in pre-school experiences.
4. Lack of teacher training in supplying teachers with skills to use more than one approach.

5. Complications of the teaching job in geeting enough time to do what we already know.

Solutions I would propose to help the apparent low place North Carolina finds itself in in reading development:

1. Multiphased preschool screening of children which may help us prevent school problems - not be saddled with trying to solve them.
2. Para-professional help in school beyond the kindergarten program.
3. Alterations in teacher training and continuation of present inservice programs.
4. Work with other agencies in adult or parent education with preschool related activities.
5. Sufficient money to provide children with readiness and concrete materials before formal reading instruction begins.
6. Revise the expectations of when and how much reading is included in instruction.
7. Somehow raise the standard of living of the masses.

In summary, we are now doing a good job with some kids. These kids are the ones with a good self-image; intrinsic motivation; teacher, parent and total community support. I recognize the fact that what children learn is important but submit that at this stage in our progress we should be very concerned about the learning process and integrates child growth and development. Helping children learn and think may produce fantastic results in what is learned.

Friends, the answers are probably not magic but are to be found through total commitment by every resource and the general populous.

Larry Marker, Principal
Moore County Schools

ARITHMETIC

Educators today are continually seeking ways to enrich and improve the mathematics curriculum for the young child. The K-3 mathematics program in our schools is based on the knowledge that this period is a time when children are becoming oriented to the physical world around them. Concepts are being developed as learners move, touch, and manipulate real objects; and hear and try new vocabulary. It is a time for intensive study of the individual; for determining each learning style and ways of reacting. It is time for learning to function as a member of a group, to develop self-confidence, and become self-directing. It is a time when basic concepts are being formed. These concepts become the foundation upon which skills will be established at the intermediate level.

All 5-9 year olds should have opportunities to participate in activities conducive to developing mathematical concepts. Concepts are the premises, foundations, and structure of thinking. Their development is a gradual and lifelong process, growing through many changes...probably never becoming static. All early ideas of mathematic grow out of noting what happens in the world of objects. Logical reasoning ability develops through actual manipulation of objects in the physical world. The searching,

exploring, inquisitive nature of children 5-9 years of age promotes the development of concepts that are prerequisite to effective learning in the mathematics field.

We know that the mathematics program for children in the 5-9 year old range should reflect:

1. knowledge of the developmental characteristics of these ages;
2. respect and concern for differences in abilities, learning modes, and interests of children;
3. knowledge of the basic concepts in mathematics and characteristics of logical thinking which can be developed at these ages;
4. knowledge of the kinds of activities which are appropriate and conducive to the development of these basic concepts and logical thinking; and
5. specific objectives, including helping children to become more independent learners.

Literature reporting studies about the nature of children's thinking and the development of logical thinking is voluminous. This research is being used in developing the "K-3 Mathematics Program." We have learned that:

1. Ideas must be abstracted from experience in the physical world for all young children and for many older ones.
2. Real understanding of numbers depends upon the development of skill in classification and ordering. Lack of systematic experiences in these two activities may delay real understanding in addition and subtraction.
3. The ideas of conservation (or the invariance) of number is prerequisite to understanding addition and subtraction.
4. Most children, given opportunities to manipulate and experiment with appropriate concrete materials, develop the idea of invariance with regard to numbers sometime between 6 1/2 and 7 years of age.
5. The concept of invariance of length, mass, and capacity grows slowly and may not be completely operative until a learner is 8 to 9 years old.
6. Most learners do not develop the concept of conservation of time and the relationship of speed and distance necessary to understand telling time until they are 9 or 10 years old.

Thus the major emphasis in the K-3 program should include:

1. Activities which involve the total physical being of each learner in exploring special relationships in the world around him.
2. Manipulation of real objects to give meaning to number relationships.
3. Exploration which leads to the discovery of number relationships.
4. Experimentation to find ways to put numbers together and to separate them; to solve problems using what has been learned about numbers.

Mathematics effectively taught in kindergarten through grade three contributes to these objectives of the elementary school:

1. to teach a child how to learn by himself;
2. to sustain and expand each child's constantly growing capacity for thinking; and
3. to help each child develop ways of expressing his ideas and feelings.

A good teacher does not leave the matter of learning to chance! He studies diligently to understand the nature of each learner, the nature of the subject that he teaches, and the evaluative procedures he may use to measure his handiwork in terms of pupil achievement.

A good teacher ever strives to know each child - to know:

1. how he thinks;
2. what he thinks;
3. his background of concepts and skills;
4. his strengths and weaknesses;
5. what releases him to his greatest potential;
6. where he gets "hung up" with learning;
7. his level of understanding of the specific things to be studied; and
8. where he is ready to go.

Mrs. Mary Jo Mann, Supervisor
Harnett County Schools

EXCEPTIONAL CHILDREN

It was in 1948 when the state first started putting any money into the education of handicapped children in the public schools and it wasn't until the 1970s that we extended that legislation to include learning disabilities. It has been interesting that in the past few years we've gone from less than 50 teachers for exceptional children in the state until now the public schools have over 4,000 teachers who are working with exceptional children.

It was two years ago that the state legislature mandated that every child has the right and is to have an equal educational opportunity here in North Carolina.

The federal legislation is interesting in that it puts a mandate on full services for these children by 1978. So in a period of approximately a year and a half from now, we will be moving from serving approximately 50% of exceptional children in public schools to 100% - if we follow the federal mandate. So that by September 1, 1978 we should be serving all exceptional children in public schools or in cooperation with other agencies. What it means in terms of future trends is that we will have to be supplying a lot more money for the purchase of services from other agencies for service to these children or the development of programs in the public schools for these children.

The federal legislation is an all-encompassing bill that was passed last November called "Education of All Handicapped Children Act of 1975." In that act for the first time the federal government promises that they will begin to share with us the cost for the education of handicapped children. Even though at the present time the federal legislation requires less than 2% of the money going to public schools be used to educate the handicapped children, as you can see, by the year 1982 there will there will be a significant force in the education of children. it will mwan that parents will have more of a say-so in the development of the individual programs planned for their children mandated by federal legislation.

In the future we will probably have more of these regional programs for the severely handicapped child. We are beginning to have more this year when we have

converted our federal funds for unserved populations. Unserved due to the fact that the federal government had no children who were not receiving any educational programs by any agencies. And this year we have converted almost three million dollars out of federal funds for serving these children. The trend will continue to serve these children who were not receiving any educational services by any agencies until all of these children are served in the state.

The early screening and diagnostic program North Carolina is beginning for our four year olds is of vital importance to us in identifying early childhood needs of handicapped children and we would like to see it extended downward at least to age three. Presently we are serving two year old hearing impaired children and we would like to serve more at the preschool level.

James Barden
Division for Exceptional Children
Department of Public Instruction

RIGHTS OF CHILDREN

I think what might be important right now is maybe a couple of things that have to do with what we are doing here this afternoon and how they reflect on the rights of children. This morning we talked about a lot of resources, a lot of things we have done in this state for kids. What we really need to spend our time thinking about is what we aren't doing. The things we need to address; the rights we are denied. The courts, constitutionally by statutes, probably define just about all the rights of children that are necessary to define. What we need to think about is how we go about paying for those. The rights of medication, of treatment, the right to equal protection under the law have all been discussed in more detail and, of course, we say thanks to the General Assembly for the appropriations they have made; the rights they have spelled out. We need to say thanks to the Department of Human Resources, the Department of Public Instruction. What has been done? Big inroads have been made, yes, but much bigger needs remain to be met.

Great cost in involved in dealing with these, our kids, but how well does the cost relate to these needs. We talk in terms of priorities. Priorities of kids lumped together as a commodity competing with other things that we lump together as commodities that need to be funded by both the private and public sector.

Child Abuse - How far is that being taken to see that the rights of the child are upheld as well as the effectivity of the family. We need to think in terms of talking about priorities of what's nice, then what's important, and then what's essential and I think the needs and the rights of children have got to be classified as essential.

I think further we need to look at appropriations processes coming up in force. Cuts in appropriations, these are talked about. Can we really do any job for children's services? Can we really? Perhaps we are spending money wrongly, badly in some instances we need to change the way we are spending, but the ability to do anything costs.

Status Quo - Is that good enough for any government? We are talking about vast needs we are leaving unmet. We need to look at things, as I said earlier, that perhaps aren't essential, but are just nice or maybe important. We need to be looking

at how we assess the way we spend our money on essential items - our kids. Bad expenditures? Perhaps there are some.

Community Services - We would like to do that in terms of how much money we have in our state government and political services for kids. Sure there is some; I'm sure there is but I don't think there is a great deal that we can let go back. I think it's, again, how do we spend money differently? How much dollar commitment do we have to kids. We have to look at it that way sometimes. I think we need to think about that seriously. I think we need to remember, that again, as stated earlier today, kids can't vote; they are seldom heard when they speak; they don't pay taxes; they don't contribute to political campaigns; but, nevertheless, they trust us. They actually trust us to make sure their needs are met. Are we betraying that trust? Are we meeting their needs? I think that's where we need to think of children as individuals and not as commodities we are looking upon to program.

Again we can talk about a number of rights that have been spelled out, but no matter how you cut it, it costs money. What's important? It's going to cost money to do all the things we're all standing here today saying we need to do. Let's look at it that way. Let's look at the administrative structure we're using in service for kids. When we have to run programs by guidelines rather than by management simply because the lines of management aren't clear. We have to save more from government's arguing over guidelines time and time again instead of managing programs for children. Where do we have the rights of children there, when we waste money by doing nothing? Then again we have the whole idea of priorities. I think if we address these sorts of things along with the different programs we've been talking about today we can really talk about the rights of children, about meeting the needs of children. Thank you.

Ron Attkisson, Director
Governor's Advocacy Council on Children
and Youth
Office of Children
Department of Human Resources

PANEL DISCUSSION:
PRIORITIES AND STRATEGIES FOR CHANGE

PRESIDING: MR. PETER B. AUERBACH
DIRECTOR OF PLANNING
NORTH CAROLINA UNITED WAY

When a layman such as myself is asked to speak to a statewide conference on children and their future, his first reaction might be - mine was anyway - "Why so much concern about children? After all, are not today's American children the best cared-for and most attended-to young people in the history of the world?"

I thought about the vast numbers of dollars expended on all levels of government alone, well over one billion dollars a year goes into the public school system. And there are so many programs whose major purpose is the welfare of children that the person who is not well informed about the unfilled needs of so many children might be inclined to think that the topic of today's conference should rank low in public priorities

Then I began to do some hurried reading in order to prepare myself in some limited way for my appearance here today. I found, to my horror, that until comparatively recent times children were scarcely regarded as human beings at all. They were subject to tne most horrible sort of abuses and cruelties at the hands of adults, and with virtually no protection from and remedies in the law. Not by any means all of the 50% of more of the infants and small childern who did not survive past ahe five in former centuries fell prey to disease. Many of them died from neglect or abuse. Without the strength or guile to make their way in a world of adults, the youthful offspring of humanity have historically been the first to suffer when there was war, privation, famine or disaster.

And, without the power to resist or protest, children have been shamefully exploited throughout history by their elders - even well into our own century. No one who has ever read Dickens' "Oliver Twist" can ever forget the brutal cruelties inflicted upon small boys at the workhouse orphanages of 19th Century England. We read in disbelief of the tiny children who were forced to work in the coal mines, in factories and other hard labor for many, many hours per day.

Jesus said, "Suffer the little children to come unto me, for theirs is the Kingdom of Heaven." But for more thousands of children than we can ever know, their existence in this life has been a hell from which early death was a welcome escape.

In our own supposedly enlightened time, children are supposed to be afforded equal protection under the law. Certainly there has never been a time when more children enjoyed a better life. Nevertheless, many children in our own day still suffer personal abuse, official neglect and widespread indifference.

All of you are to be commended for your professional and your personal interest in the present and the future of all of North Carolina's children. The North Carolina Medical Society and other sponsors of this event deserve our gratitude. Certainly my eyes have been opened by many of the things that have been said here today about the needs of children, and the opportunities that are open to us to take the steps that will brighten the futures of the thousands of underprivileged and unwanted youngsters among us.

Many of the improvements in existing public programs for children, and the creation of new ones - that have been discussed here today will cost appreciable additional public dollars. We all know that our General Assembly has faced a situation during recent months of declining tax revenues while at the same time demands for legitimate use of public funds continues unabated.

In order for you to successfully plead your case to the state legislature on behalf of your children, I believe you must present that case in the most convinving possible manner. A piecemeal approach will not work. You should establish a list of priorities, fix as closely as possible the cost of implementing them, and unite in a common front when you go before the legislative committees. This is a bad time to be asking for legislative appropriations for new or expanded programs. But you have certainly convinced me that the needs of so many of our children here in North Carolina simply cannot wait indefinitely for better economic times and a healthier state treasury.

Thank you for inviting me. While my competence in the subject matter of this conference is sadly lacking, my heart and my best wishes go out to you in your quest for a better life for all the children of North Carolina.

William Armstrong, Editor
North Carolina Magazine

There is an urge in all of us to reach out for ways to evaluate and improve the human condition. Our feelings, our programs, and our services are designed in response to the changing technologies, the changing needs for human services, and the changing ways of dealing with the quality of life and the environment.

The process of education and the distribution of services are seen not just as preparation, but as the form of enablement available throughout the life cycle.

Even with affluence in an age where 50% of the national economy is involved in "human services", over five million people cannot read and at least three to four million children live in poverty conditions and need a variety of services. Yet, the 1970 national census indicated that only one child in ten was involved in preschool experience.

Data relevant to children and youth and to schools and agencies in North Carolina and the nation include the following concern:

1. At least 1,700 new North Carolina youngsters are placed in juvenile correction centers each year.
2. At least 36,000 school age children need some help for emotional problems, yet only 139 received the services they needed in 1970.
3. Over 50,000 school-age children need immediate help with learning disabilities and severe behavior problems of which a small number received the services of teachers prepared to meet their special needs.
4. In 1970 there were over 7,800 physically handicapped children in North Carolina of whom only 245 received the services of a teacher prepared to meet their needs.
5. In 1970 over 8,000 "educable and trainable mentally retarded" children of school age did not receive the services of a specially prepared teacher.
6. Over 45% of the children who enter first grade drop out of school before graduation.

The overriding concern that binds you, as a physician, a concerned citizen, a parent, and child advocate, is the responsibility you have accepted for assisting the children of this state.

We must begin to realize that a child's environment, that is, his interaction with father, mother, peers, and his physical surroundings, often reinforces the cause of so-called "deviant behavior" as much or perhaps even more as does the child himself.

Instead of changing children to "fit" environments, we may achieve more satisfying results if we change environments to "fit" children.

An element which I want to stress is that every child is entitled to a "BILL OF RIGHTS". Every child has:

The Right to be wanted;
The Right to be born healthy;
The Right to live in a healthy environment;
The Right to satisfaction of basic needs;
The Right to continuous loving care;
The Right to acquire the intellectual and emotional skills necessary to achieve individual aspirations and to cope effectively in our society;
The Right to receive care and treatment through facilities which are appropriate to his needs and which keep him as closely as possible within his normal setting.

Representative Nancy Chase
Wayne County

This panel discussion is on "Priorities and Strategies for Change." What a challenge! This morning we have reviewed the current scene in the state and now this afternoon we will look into the future. We will look at our program deficiencies and projected needs and demands of our society over the next 25 years.

We are then concerned with the quality of life for children; to do this, we must concern ourselves with the quality of life for everyone, for we are children today and adults tomorrow.

The quality of life is very close to my heart. The priorities for change as I see them over the next 25 years are as follows:

I. The priorities should be very wide in scope. They must encompass our entire society because it is my firm belief that the Number One prioity for children and adults alike in North Carolina is to achieve One Nation under God with Equality, Liberty, Justice, Opportunity, and Responsibility for all. This means that every child must be permitted and encouraged to make the most of his natural and God-given talents.

II. Health
   A. Health is a right and not a privilege. We mean that health is as essential as food, roads, clothing, shelter, and housing. This means quality health care - not just going through the motions. The level of medical care should be the same regardless as to station in life, color, or the place where you live. Medical care then must be equalized for all of our citizens.
   B. In North Carolina there are approximately 6,100 non-federal physicians. Of that number 130 are minority. Please contrast this with the fact that approximately 25% of the people in North Carolina are minorities. Another priority then is to increase the number of minority physicians available for the day to day care of minorities. We must find ways to increase the number of physicians of all persuasions.
   C. Proper and adequate day care centers must be built, equipped, and maintained with mothers and fathers working. We must surely provide an optimum environment in day care centers for children who are entering, even at the age of ONE YEAR. These children MUST be given the opportunity to develop, so as to be an asset to our society.

D. Mental health centers are becoming more and more important in our complex modern and industrial society. So many of our children are developing mental problems, school problems, drug problems, and family alienation problems. These centers must be made available to all of the great state of North Carolina. Child psychiatrists are in great demand and there are very few even in our great urban and metropolitan areas.

E. Nutrition and Proper Diets is a relatively new field. It is becoming more obvious every day that what happens to the fetus in the womb and what happens to the diet of the newborn will have a long and lasting effect on how the child develops and on what problems and deficiencies may arise. Therefore, the mother and father must practice good nutritional habits in order to safeguard proper development of the children. Society must make a determined effort in this field.

F. Screening clinics and programs must be made available to all of the children of our 100 counties. Screening programs on PKU, Sickle Cell Anemia, lactose deficiency, dental deficiencies are very useful and their use MUST BE greatly augmented.

G. Health education programs on VD, nutrition, exercise, physical education, and development must be emphasized and accented.

III. Education

North Carolina stands today within the last four states on educational progress and achievement.

1. Quality education must be made available for all.
2. Education should not be restricted to the most gifted.
3. The less gifted in many circumstances need education more than the gifted in order to be better productive members of society.
4. The new medical school at East Carolina will be of immeasurable benefit to upgrading the quality of life of our children in North Carolina.
5. Our community college programs must be strengthened and should have a wider spectrum of subject and vocations that are covered.
6. Back to school programs for parents who had to drop out of school and get a job will also help to provide a better quality of life for our children.

These programs should be provided at all necessary levels; elementary, secondary, and college.

My main concerns are health and education. In North Carolina between the ages of 18 and 23 there are more black youths in prison than there are in college today. This speaks also for the nation as a whole. This does not augur well for the future or for the present.

In conclusion - to enhance the quality of life of our children - the children must be born healthy, therefore they must have healthy parents - both mentally and physically. Good diets, Good health care.

Children must be helped in the development of good morals, honesty, integrity, fair play, respect for the rights of others, interested in their homes and schools.

They should be made to feel a part of home and school. In other words, they should have a feeling of <u>"belonging"</u>.

Juvenile delinquency must be attacked at its very roots and eradicated. It cannot be attacked only from "Crime and punishment".

Schools must be made clean and safe for all children.

OUR CHILDREN ARE OUR MOST PRECIOUS ASSETS - LET US THEN GO ABOUT DEVELOPING PRIORITIES AND STRATEGIES THAT WILL INSURE THEM A BETTER LIFE NOW AND IN THE FUTURE!

George Debnam, M.D., President
Old North State Medical Society

I would like to make a brief comment about the Admissions Committee that I've had the privilege of sitting on and I think it sums up what I have to say about the different facets of education. I had the privilege of sitting on the Admissions Committee of a special education classroom building of a rural county school system. It was there that my real education began. It was there for the first time in many years of educating myself and attempting to educate others that I began to learn how many people there were who I had never encountered before that knew more about children than I did.

I see, or would like to see, a better informed physician - better informed about the many facets of the life of a child and the nature of a child and the development of a child than has been present in the past and I think that this change that is beginning to go on now in the education of physicians throughout the country that was alluded to at lunch in a comment by the speaker about how physicians in training spend some time in schools observing children is excellent. The education of physicians of the future will include experiences working with some of these professionals and because that kind of experience will not occur in a hospital or medical clinic, more and more we will see education of physicians will be going on in these new schools in communities where social service workers, public health clinics, psychologists, professional educators, and many other groups can interact with the education of the other.

In closing, I would like to make one comment and I think it was one that when we group together to talk about children we are identifying - carried away in such enthusiasm and assurance - that what we are saying must be done.

Thomas E. Frothingham, M.D.
Pediatrics
Duke University Medical Center

One of the strongest features of good early childhood programs is the element of choice for the child. One of the major goals of early childhood education is to help children become life-long independent learners. This cannot happen without providing young children opportunities to exercise choice and to accept responsibility for their actions and decisions.

Self awareness and the ability to think critically are qualities which result from the freedom to become personally involved in their own learning. These qualities are fostered by a teacher who provides alternatives and a warm, threat-free environment where children are not uncomfortable with their mistakes, but see them as necessary steps to learning and success.

The developmental processes of young children must be carefully acknowledged to increase their chances of becoming healthy human beings. Because physical, social, emotional, and mental development interact with one another in determining a child's readiness and ability to learn, attention must be given to all aspects of the child's growth. Early childhood programs acknowledge this by seeking to provide an environment that is compatible with findings in child development.

The inclusion of children of different ages within a single educational environment is a natural extension of the belief that children have their own personalized rates and styles of learning. As the teacher guides learning experiences for each individual child, any grouping of children focuses on specific need rather than chronological age or overall ability as determined by standardized tests. Short-term functional grouping occurs constantly.

In early childhood classes, the role of the teacher is to guide or facilitate learning experiences rather than to dispense knowledge. This role demands that the teacher: (1) provide an array of appropriate materials and the conditions for using them; (2) provide choices; (3) promote an atmosphere of happiness, self-help, mutual respect, and cooperation; (4) be an acute observer and diagnostician; (5) capitalize on the child's needs and interests through extending learning experiences; and (6) keep records on all aspects of the child's development.

All children, if given the opportunity, are active, inquisitive, and creative. A program designed to fit these characteristics should be available to all children throughout their education carreer. For too long we have concentrated on attempting to force children to learn certain subjects at given times.

Nor only should elementary educational programs be based on the independent learning philosophy, but the junior and senior high school programs as well should allow children to become independent, self-satisfying adults.

Jim Jenkins, Director
Kindergarten/Early Childhood Education
Department of Public Instruction

I came to this conference today very humble having served now for four years as a county commissioner in Forsyth County and running into problems that face local governments, not only the plights of the children but the plights of the adults, the elderly, the mentally handicapped, the physically handicapped, and so many others. So I came to ask questions and not to give the answers. I'm wearing several hats: the county commissioner, the family physician, the parent of six children, and just plain concerned citizen. And I second the motion that my primary concern is the problem that we are discussing here today and that is early childhood development relating to the future of the American family. This is really what I'm talking about - primarily the emotional stability of the American family, continuity that we are going to achieve in this country if we are going to be a great nation by bringing the family back into focus. And only through the problems of limiting the things that we faced in early childhood development will we be able to do this. In view of statistics that reveal current divorce rates are approaching 50% I wonder what the future holds for this nation. I also wonder if we can learn form the past in trying to seal a better future for the children of North Carolina and our local communities.

We hear that the people on welfare beget people on welfare but I would also suggest to you that this is a follow-up of economics; it's not a problem of social layers. I've seen this from the welfare end of the scale, from - what we say in Winston-Salem, the Buena Vista scale - the high social structure there. I'm concerned about the number of working mothers, the number of alcoholic fathers I see in the courts for alcoholism, the basic deficiencies in our educational system, the effects of a fluctuating economy on our bankers. In other words, I am deeply concerned about our whole social educational, financial, standard structure as it relates to early childhood development.

It seems to me that the crisis, the expectation that was created in the 60s with the ideal of the great society lost something through our insulation. That we look to the federal bureaucracy, state government, and, some of us, local government to solve the problems of the family and childhood problems and probably with the elderly. Have we forgotten that we could do more through the volunteer agencies by being good neighbors working together than we can by spending billions of dollars that have been socially ineffective. But with all of the changes in our social structure and with the pressures on young parents who are not truly prepared to rear their off-

spring, it becomes the duty of others interested in early childhood development to provide alternatives and options to the parents to provide their offspring the best developmental opportunities available. Until now our efforts to find solutions have been short-range and ineffective.

Often we have weakened the limited resources of the 70s by accepting duplication of efforts and by constant fighting between competing agencies not recognizing that we have a common goal. If we are to use our resources jointly to provide day care centers with good policy, somehow we must do away with the fighting that we find between these agencies and get the public and the private sectors together in a common effort. It is grossly unfair and inequitable to expect parents to feel that any licensed day care facility is adequate when we know that the quality is not the same among these facilities.

I would say that if I had one dream, to paraphrase Martin Luther King, if I had one dream for local government in North Carolina, it is that we could dream together in a joint effort recognizing that the resources that we saw in the 1960s, not now in the 1970s, have a finite intention to bring these resources together in a common cause and I think this is one thing that we must, if we can continue to have social service, mental health, public health, and the agencies ad infinitum decide to have a joint purpose - a joint goal.

Julian Keith, M.D.
Second Vice-President
N.C. Association of County Commissioners

You know what the problem is in dealing with children. The members of this panel know the problem in dealing with children. The first problem regards videosynthetic professional behavior. The second problem is wanting to do something for the kids and ofentimes to do things to the kids in the name of doing good. We do not involve the parents. We do not involve the committees. We do not involve government.

We expect our schools to be all things for all people. We see our teachers as discplinarians, theologians, father confessors, and sometimes even teachers. What is the answer? The answer is a public awakening to what the real issue is. The real issue is the disintegration of the family unit that has been the backbone of this country for so long. It occurs to me that we adults must bear the blame for raising children. Children are at a disadvantage because they may have parents who do not care. You may have read Ann Landers a few days ago. She indicated that over 50% of families with children wish they did not have children.

We have a double standard, I believe. I lived with the double standard when I was a kid and I grew up. I became a mature, responsible adult just as you have become. What does a mature responsible adult do? They cheat on their income tax and commit adultry. Now who is to blame?

You know what the problem is and I'm not going to stand up here and tell you.

Ray Shurling, Director
Division of Youth Services
Department of Human Resources

I have been listening to the program last night and today as a parent, a so-called professional, and a citizen. As a parent I am forced to admit that the quality of life in my family varies from minute to minute, from good to bad. As a professional and citizen I feel concerned about the quality of information concerning what is really happening with the children in North Carolina. I am talking about the information available generally, as well as the information that has been provided so far at this conference.

For example, we might examine the information provided by this conference thus far. The information on children in North Carolina has been incomplete. It has been somewhat health oriented, but there has been no real information provided relating to the quality of health care available to children in North Carolina. In certain areas, there has been the implication that North Carolina is doing well by its children.

We have talked about day care and the fact that we have a day care licensing law has been hailed as progress. Nobody has bothered to mention that experts generally consider our law to be weak, that it is somewhat inflexible because the minimal standards are written in to the statute, that it does not adequately provide protection for children in day care centers, that it is poorly funded and inadequately staffed in terms of numbers of personnel to do licensing. Nobody has explained that getting a license for a day care center in North Carolina is primarily a paper operation - that it is possible under the law for a day care center to be licensed without the day care licensing staff visiting and evaluating the center. The operator merely has to supply the right pieces of paper to the state licensing office.

We also talked about child abuse and there is this attitude that we have a reporting law that is an adequate solution to the problem. Nobody has mentioned that the reporting law is inadequately implemented. The reporting law does not deal with causation. It is intended to identify children at risk so that they may be protected.

We have talked about public education, yet there has not been much information about the quality of public education in North Carolina, the availability of educational programs for children with special needs, whether the public schools really teach children to read and write, and how many children get pushed out of public schools because they do not fit.

There has not been much discussion about welfare or social services, the problems of poverty and how they affect our children. Nobody has given information about the extent of hunger among children and families in North Carolina.

We have talked about reorganization of state government and the implication has been that this is good. But we have no information concerning how this actually affects service delivery, nor have we talked about the differences between what we say and what we do. Under reorganized state government, we have a structure, authority, and a vehicle for management, planning and delivery of services. But the important question is: How well are we really doing?

My plea is for better information, first to the public, perhaps to the professional secondly. I believe that our citizens care about children and that when they know what is actually happening, we will have the changes that will be necessary. We need information or hard facts, cost effectiveness studies, and hard evaluation of what we are actually doing.

Mason Thomas, Assistant Director
Institute of Government
University of North Carolina

CONCLUSION

CONFERENCE RECOMMENDATIONS

1. The number of day care licensed and certified facilities throughout the state are inadequate.

2. The quality of day care facilities is at best inadequate throughout the state.

3. There is inadequate state legislation dealing with the licensing and certification of day care.

4. We have inadequate infant delivery services.

5. Infant mortality rates must be reduced.

6. We must have, on a statewide basis, a perinatal care program.

7. We have reached the point where we will not have additional monies to put into efforts of human services. We must do a better job of utilization in spending those dollars that we have.

8. There must be full elimination of competition between and among the state agencies that have been chartered to do the things that we as citizens apparently are not willing to do.

9. There must be unification of agencies to eliminate duplication of programs and fragmentation of services.

10. There must be total utilization and cooperation of the private sector, volunteerism, local government, and state government.

11. There must be established in the public and private agencies throughout the state, from the lowest to the highest level, accountability for child care delivery systems.

12. There must be more attention given to the family unit.

13. We must get our message across to the citizens of our state as to the needs of our children.

14. There must be more research into the actual quality of life of the children in North Carolina today - i.e., their total well-being.

15. Follow-up conferences on a regional and state level are necessary.

NORTH CAROLINA CONFERENCE ON CHILDREN

THE PROGRAM

MONDAY, MARCH 29, 1976

7:00 - Dinner

Presiding: Julian Keith, M.D.
Second Vice-President
N.C. Association of County Commissioners

Invocation:

Introduction: Associate Justice Joseph Branch
North Carolina Supreme Court

Speaker: Judge Joe Sorrentino
Los Angeles, California

Topic: "The Concrete Cradle"

TUESDAY, MARCH 30, 1976

8:00 - General Session

Presiding: James E. Davis, M.D., President
North Carolina Medical Society

Welcome: James E. Davis, M.D.

8:15 - Background of the Conference:
Mr. Horace Deudney, Corporate Director
Personnel Administration
R.J. Reynolds Industries, Inc.

8:45 - State of the Child in North Carolina In 1976:
Archie T. Johnson, Jr., M.D.
Asst. Secretary for Health Affairs & Director of Health Planning & Resource Development
North Carolina Department of Human Resources

9:30 - State Commitment to Children:
Honorable James B. Hunt, Jr, Lt. Governor
State of North Carolina

10:10 - Overview: Current Resources for Our Children:
Honorable David T. Flaherty, Secretary
North Carolina Department of Human Resources

10:30 - Panel Discussion: Current Resources for Children

Presiding: Mrs. Charles Herring, President
Auxiliary to the North Carolina Medical Society

PART A - HEALTH PANEL

Genetic Counseling:
Hal Goodman, Ph.D.
Bowman Gray School of Medicine

Perinatal Care:
Floyd Denny, M.D., Chairman
Department of Pediatrics
U.N.C. School of Medicine

Screening Programs, Development and Evaluation:
Mrs. Martie Coulter, Programs Director
Developmental Evaluation Unit
Division of Health Services

Home Health and Day Care:
Mrs. Phyllis Rollinson, Program Consultant
Plans and Program Development Section
Office for Children

Mental Health: Lenore Behar, Ph.D., Chief
Child Mental Health Services
Division of Mental Health Services

PART B - EDUCATION PANEL

Early Childhood Education:
Mrs. Mary Sauls, Teacher
Johnston County Schools

Reading and Writing Programs:
Mr. Larry Marker, Principal
Moore County Schools

Arithmetic: Mrs. Mary Jo Mann, Supervisor
Harnett County Schools

Rights of Children:
Mr. Ron Attkisson, Director
Governor's Advocacy Council on Children & Youth
Department of Human Resources

Exceptional Children:
Mr. James Barden
Division for Exceptional Children
Department of Public Instruction

Question and Answer Period

12:30 - Lunch

Presiding: Mrs. Carolyn London, Vice-Chairman
Governor's Advocacy Council on Children & Youth

Invocation: Reverend William Coolidge, Minister
St. Pauls Episcopal Church, Cary, N.C.

Speaker: Gerold L. Schiebler, M.D., Chairman
Department of Pediatrics
University of Florida

Topic: "Where We Are and Where We Need To Go in the Next Thirty Years"

2:00 - Panel Discussion: Priorities and Strategies for Change

Presiding: Mr. Peter B. Auerbach
Director of Planning
North Carolina United Way

Panel: Mr. William Armstrong, Editor
North Carolina Magazine

H. David Bruton, M.D., Pediatrics
Southern Pines

Representative Nancy Chase
Wayne County

George Debnam, M.D., President
Old North State Medical Society

Thomas E. Frothingham, M.D., Pediatrics
Duke University Medical Center

Mr. Jim Jenkins, Director
Kindergarten/Early Childhood Education
Department of Public Instruction

Julian Keith, M.D., Second Vice-President
North Carolina Association of County Commissioners

Mr. Ray Shurling, Director
Division of Youth Services
Department of Human Resources

Mr. Mason Thomas, Assistant Director
Institute of Government
University of North Carolina

3:45 - Workshops

4:45 - Summary and Challenge for the Future: Conference Recommendations
Mr. Horace Deudney, Corporate Director
Personnel Administration
R.J. Reynolds Industries, Inc.

STEERING COMMITTEE

C. Clement Lucas, M.D., Chairman
Family Practice

Mr. Horace Deudney, Vice-Chairman
Corporate Director
Personnel Administration
R.J. Reynolds Industries, Inc.

Ms. Pam Adams
Office for Children
Department of Human Resources

Mr. Peter Auerbach
Director of Planning
North Carolina United Way

Mrs. Carolyn London
Governor's Advocacy Council on
Children and Youth

Mr. Joe Grimsley
Special Asst. to the Lt. Governor

Lenore Behar, Ph.D.
Chief, Child Mental Health Services
Division of Mental Health Services

Representative Vernon James

Mr. Bill Bonderant
Mary Reynolds Babcock Foundation

Mr. John T. Morrisey
Executive Director and General Counsel
N.C. Association of County Commissioners

Reverend William Coolidge
St. Paul's Episcopal Church

Archie T. Johnson, M.D., Co-Chairman
Asst. Secretary for Health Affairs
N.C. Department of Human Resources

Mr. Ron Attkisson
Director, Governor's Advocacy Council
on Children and Youth
Office for Children
Department of Human Resources

Julian Keith, Jr, M.D.
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N.C. Association of County Commissioners

Mrs. Flory Glasser
Executive Director
Children's 100

Mrs. B.E. Huffine
President
N.C. Congress of Parents and Teachers

Mr. Jim Jenkins
Director
Kindergarten/Early Childhood Education

Senator Lamar Gudger

Representative Nancy Chase

Representative John Gamble

Mrs. Charles Herring
President, Auxiliary to the
North Carolina Medical Society

Mr. Francis Raspberry
Staff Attorney
N.C. League of Municipalities